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FEB 1 8 2005	ui C		U.S. Pater	nt and Trade	proved for use through mark Office; U.S. DEF	ADTMENT OF	COMMERC	
166	respond to a collection of information unless it displays a valid OMB control number Complete if Known							
Effective on 12/08/2004. Fees parauant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nu	Application Number 09/776,454				
FEE TRANSMITTAL			Filing Date February 2, 20			01		
			First Named Inventor		Gregorio DEL VAL			
For FY 2005			Examiner Name B. Whiteman					
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit	•	1635			
TOTAL AMOUNT OF PAYMENT (\$) 455.00			Attorney Docke	t No.	416272001500			
METHOD OF PAYN	/IENT (check all t	hat apply)						
		Money Order No	ne Other	(please ide	ntify):			
V Denosit Account								
[<u> </u>	Deposit Account	Number: 03-1952 account, the Director i	Deposit Account N			Derster LLF		
	•	·				oont for the	n filing foo	
I	ee(s) indicated be	•	느 '	ge iee(s) ir	ndicated below, ex	cept for the	aning ree	
	ny additional fee(nder 37 CFR 1.16	s) or any underpayme and 1 17	nt of x Credit	t any over	payments			
FEE CALCULATIO		and 1.17						
1. BASIC FILING, SEA		MINATION FEES						
			ARCH FEES	EXAMI	NATION FEES			
		Small Entity	Small Entity		Small Entity	Face De	-: -: (¢)	
Application Type	Fee (\$)	Fee (\$) Fee (\$		Fee (\$)		Fees Pa	11a (\$)	
Utility	300	150 500		200	100			
Design	200	100 100		130	65			
Plant	200	100 300		160	80			
Reissue	300	150 500		600	300			
Provisional	200	100 0	0	0	0			
2. EXCESS CLAIM FE	ES					<u>S</u> Fee (\$)	Small Entity Fee (\$)	
Fee Description	for Doigning on	sh alaim aver 20 and s	nore than in the	original no	ntent	50	25	
Each claim over 20 or, Each independent clair						200	100	
Multiple dependent cla		eissues, each mucpei	dent ciaini more	uiaii iii ui	e original patent	360	180	
1		Fr. (2) Foo.	Daid (\$)		Multiple Depende		100	
Total Claims			Paid (\$) Multiple Depende			ee Paid (\$)		
	x _	=			-ee (\$) <u>r</u>	ee Falu (\$)		
Indep. Claims E	xtra Claims	Fee (\$) Fee	Paid (\$)				-	
- = _	x	=						
3. APPLICATION SIZE								
If the specification ar						for small ent	tity)	
Ĭ.		ction thereof. See 35				Eac D	oid (\$)	
<u>Total Sheets</u>	Extra Sheets		additional 50 or fra			ree Pa	aid (\$)	
	=	/50	_ (round up to a wh	iole number	/×=		Poid (#)	
4. OTHER FEE(S)	Gastian #120 C	(m. amall autitu d'-	anumt)			rees P	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount) Other: 1801 Request for continued examination (RCE) (see 37 CFR 1.114)							5.00	
Other: 1251 Extension for response within first month							60.00	
SUBMITTED BY								

SUBMITTED BY					
Signature	0 70 to	Registration No. (Attorney/Agent)	48,751	Telephone	(415) 268-6846
Name (Print/Type)	Otis Littlefield			Date	February 18, 2005